

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

1. Article Addressed to:

Carmen Carter
419 Probasco Street #7
Cincinnati, OH 45220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee
Carmen Carter

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type

- ☒ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label) 7004 0750 0003 9306 1391

PS Form 3811, February 2004

Domestic Return Receipt (D-734) (Doc 95) SAMS-02-M-1540